BATERT ADDITION FEE DETERMINATION DECO								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								[80800/16101]				
	·		SMALL TYPE	ENTITY	OR	OTHE	R THAN ENTITY					
TOTAL CLAIMS			10					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA	A BAS		EE 385.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			6 minus 20=		. (0		XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			3 minus 3 =			. 0		X43=		-	Yes	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT			7		A432		OR	<u> </u>	
* If the difference in column 1 is less than zero, enter *0* in						column 2		+145=		OR	+290=	
								TOTAL	ــــــــــــــــــــــــــــــــــــــ	JOR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL	
AMENDMENT A	1-26-04	CLAIMS		HIGHI NUME PREVIO PAID I	EST BER WSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE
	Total	- 16.	Minus	-20	5	- Ø		X\$ 9=		OR	X\$18=	
	Independent	· 3.	Minus	 3	>	-0	1	X43=		1	X86=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /								-	OR		
	C. 16/11.						L	+145=		OR	+290=	
((///	/ (/)	4				TOTAL LODIT, FEI		OR	TOTAL ADOIT, FEE		
_	/	(Column 1) CLAIMS		(Colum		(Column 3)	1 -		T :			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total	• .	Minus	- 7	0			X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••	>	e .	lt	X43= .	·	OR	X86=	
<u> </u>	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			+145=	· .	OR	+290=.	
										OR	TOTAL	
(Column 1) (Column 2) (Column 3)												
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		8		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		8	ŀ	X43=			X86=	
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		· -			OR		
• n	the entry in colum	on 1 is less than the	entry in colum	nn 2 write 4	T'in roh	uma 3 ·	L	+145=		OR	+290=	
!!	the "Highest Num the "Highest Num	ther Previously Pai riber Previously Pai per Previously Paid	d For IN THIS Id F I' EN THIS	SPACE B	so than	20, enter "20."	_	TOTAL DOT. FEE d in the ep	propriate box		TOTAL ODIT. FEE ITIN 1.	